

KY Department for Behavioral Health, Developmental and Intellectual Disabilities
Behavioral Health Targeted Case Management
Single Curriculum Submission Summary

This is a Single Curriculum Submission Summary that is submitted with all curriculums. This summary can be used for submission of one or many (up to five) curriculums.

Reference guide for "Curriculum Type" choices below.

TCM = Targeted Case Management (12 Hour Core TCM)

SED = Severe Emotional Disability (6 Hour Child SED)

SMI = Serious Mental Illness (6 Hour SMI)

CCPHC = Co-occurring Chronic or Complex Physical Health Condition (6 Hour SMI SED SUD CCPHC)

SUD = Substance Use Disorder (6 Hour SUD)

Today's Date:

Provider Information

Name of Provider:

Mailing Address Line 1:

Mailing Address Line 2:

City, State, Zip Code:

Contact Person

Contact Name:

Phone Number:

Email Address:

First Curriculum

Curriculum Type (check one): ☐ 12 Hour Core TCM ☐ 6 Hour Child SED ☐ 6 Hour SMI
☐ 6 Hour SMI SED SUD CCPHC ☐ 6 Hour SUD

Author of Curriculum*

Author Name:

Phone Number:

Email Address:

***Are you submitting, with permission, a curriculum with no revisions owned by another entity that has previously submitted to DBHDID?** Yes ____ No ____

If the submitting agency chooses to provide a method other than in-person, face to face for the core competencies that have this option (identified in each curriculum rubric), please select that core competency from the list provided below. NOTE: If you are providing all face-to-face trainings for this curriculum type, you do not need to select from the list below.

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- ☐ 12 TCM Core Comp 10 Documentation - Regulations
- ☐ 6 Hour SED Core Comp 4 Wraparound Phase 3 Plan Implementation and Monitoring

- ☐ 6 Hour SED Core Comp 5 Wraparound Phase 4 Transition
- ☐ 6 Hour SMI Core Comp 4 Transition from Long-Term Care
- ☐ 6 Hour SMI Core Comp 5 Involuntary Commitment and Court Related Outpatient Treatment
- ☐ 6 Hour SUD Core Comp 3 Meeting Facilitation
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Second Curriculum

Curriculum Type (check one): ☐ 12 Hour Core TCM ☐ 6 Hour Child SED ☐ 6 Hour SMI
☐ 6 Hour SMI SED SUD CCPHC ☐ 6 Hour SUD

Author of Curriculum*

Author Name:

Phone Number:

Email Address:

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Third Curriculum

Curriculum Type (check one): ☐ 12 Hour Core TCM ☐ 6 Hour Child SED ☐ 6 Hour SMI
☐ 6 Hour SMI SED SUD CCPHC ☐ 6 Hour SUD

Author of Curriculum*

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Phone Number:

Email Address:

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Fourth Curriculum

Curriculum Type (check one): ☐ 12 Hour Core TCM ☐ 6 Hour Child SED ☐ 6 Hour SMI
☐ 6 Hour SMI SED SUD CCPHC ☐ 6 Hour SUD

Author of Curriculum*

Author Name:

Phone Number:

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Fifth Curriculum

Curriculum Type (check one): ☐ 12 Hour Core TCM ☐ 6 Hour Child SED ☐ 6 Hour SMI
☐ 6 Hour SMI SED SUD CCPHC ☐ 6 Hour SUD

Author of Curriculum*

Author Name:

Phone Number:

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Submission of Documents and Materials

The below is a checklist of items to include on the USB flash drive:

- ☐ Curriculum (saved as a Word, Power Point and/or PDF files)
- ☐ Curriculum rubric (saved as a Word or PDF file) (recommended)
- ☐ Evaluation form to be used at the training
- ☐ Trainee test to be used at the training

On the flash drive, clearly label the flash drive with the provider's name. ***Submit this document and the USB flash drive to the below address.*** Thank you.

Thank you.

Submit this information to:

Laura Cunningham

Department for Behavioral Health, Developmental and Intellectual Disabilities

Division of Program Integrity

Program Support Branch

275 East Main Street, 4E-C

Frankfort, KY 40621